



Department of
Health

2019 ANNUAL VFC IMMUNIZATIONS REVIEW EXHIBITOR AND VENDOR REGISTRATION

Thank you for agreeing to be an exhibitor/vendor at the TN Department Of Health's 2019 VFC Immunizations Review. The Exhibit area will have one table and two chairs per exhibitor. Please bring your own extension cords. Complimentary Wi-Fi Internet will be available at all venues. Exhibitor Setup starts at 7:30 a.m. Registration opens at 8 a.m. Vendor Visitation is from 8-9 a.m. Program begins at 9 a.m. 20-minute Vendor Break at 10:30 a.m. 20-minute Vendor Break at 2:30 p.m. Program concludes at 4 p.m. If paying by check, make checks payable to: TN Department of Health. Please ONLY mail payment to: TN IMMUNIZATION PROGRAM, ATTN: Howard C. Young, III, 710 James Robertson Parkway -AJT 3rd Floor, Nashville, TN, 37243. If you require additional materials to ensure your participation, please contact Howard C. Young, III at howard.young@tn.gov or call 615-532-6789.

COMPANY NAME: _____ FEDERAL ID # / EIN : _____

ADDRESS (including street, city, state & zip): _____

EVENT CONTACT/REP: _____ TITLE/POSITION: _____

OFFICE PHONE: _____ EMAIL ADDRESS: _____

EVENTS:

LOCATIONS: 9/19/19-Knoxville; 9/20/19-Chattanooga; 9/24/19-Memphis; 9/25/19-Nashville

_____ Regular Rate (\$2,560- All Inclusive For All 4 Sites)

_____ 1 Site Rate (\$1,000 per site- Please specify site(s):
Circle: Knoxville / Chattanooga / Memphis / Nashville

_____ State Agency (No Charge - As Space Is Available)

EXHIBITOR TYPE (select one):

- _____ Pharmaceutical Company
_____ Equipment Manufacturer
_____ Managed Care Organization
_____ Other: _____

TOTAL AMOUNT OF PAYMENT \$ _____

PAYMENT METHOD: _____ CHECK _____ CREDIT CARD _____ OTHER

Please make checks payable to **TN Department of Health.**

ALL PAYMENTS DUE ON OR BEFORE MAY 31, 2019.

Mail payment and completed registration to:

TN IMMUNIZATION PROGRAM
ATTN: Howard C. Young, III
710 James Robertson Parkway -AJT 3rd Floor
Nashville, TN, 37243

FOR OFFICE USE ONLY:

RECEIVED: _____

FORM: _____

PAYMENT: _____

SENT TO F&A: _____

APPROVED: _____

NOTES: _____